

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number

Instructions

- Print in ink or type.
- Complete form, have it notarized and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (504) 922-1400.
- This form must be submitted within 5 days of any changes in your registration form to add employers or those you represent or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.
- Complete employer verification form(s) must be submitted for each additional representation.

FOR OFFICE USE ONLY

Postmark Date: 4/24/98

1981058

✓#15216
\$10.00
wmm

1. NAME Harris, Jim F.
Last First MI
2. BUSINESS PHONE (504) 344-0381
3. BUSINESS ADDRESS 307 France Street Baton Rouge, LA 70802
Street and No. City State Zip
4. EMPLOYER Harris, DeVille & Associates, Inc.
5. EMPLOYER'S ADDRESS same as above
Street and No. City State Zip
6. Have you ceased or terminated all lobbying activities requiring registration? Yes _____ No X
7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable. R.S. 24:53(C) REQUIRES THAT A VERIFICATION FORM BE SIGNED BY EACH PERSON YOU REPRESENT OR WHO EMPLOYS YOU. THOSE FORMS MUST MATCH THE NAMES ADDED BELOW.
1. Name Koch Oil Company (and attached list of subsidiaries)
Address 4332 Emory Ave. Baton Rouge, LA 70808
Business or purpose various
- ☒ New Representation
Does this person pay you? yes
If No, who pays you? _____
- ☐ Terminated Representation as of _____

HANDLED

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2. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

State of Louisiana

Parish of East Baton Rouge

Before me, the undersigned authority, personally came and appeared Jim Harris, who,
after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

[Signature]
Signature of Lobbyist

Sworn to and subscribed before me on this 24th day of April, 1999.

[Signature]
Notary Public